

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-559092
APPLICANT'S

FILED DATE

CLAIMS

AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.
1				
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TOTAL IND.	2	↓	↓	↓
TOTAL DEP.	17	←	←	←
TOTAL CLAIMS	19			

AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.
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100				
TOTAL IND.		↓	↓	↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS				

BEST AVAILABLE COPY

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